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APPLICANTS

Stephen Felix Sagan, Lexington, MA;

Torsten Volker Platz, Cambridge, MA;

** CONTINUING DATA ***** *None HCB*** FOREIGN APPLICATIONS ***** *None HCB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<i>Harshitham HCB</i> Examiner's Signature Initials				

ADDRESS

021013
 AGFA CORPORATION
 LAW & PATENT DEPARTMENT
 200 BALLARDVALE STREET
 WILMINGTON, MA
 01887

TITLE

Plate scanning system with field replaceable laser source subsystem

FILING FEE RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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